

Office of Health Care Assurance

State Licensing Section


## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Prime Health Services Care Home	CHAPTER 100.1
Address: 99-1041 Halawa Heights Road, Aiea, Hawaii 96701	Inspection Date: September 17, 2019 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1, SCG#2, SCG#3 – No initial two-step tuberculosis clearance available for review.</p> <p>Submit copies of clearances along with your plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG ADDED MORE CG, UNLESS PREVIOUSLY PCG IS NO LONGER WORKING AT THE CARE HOME.</p> <p>PART 2</p> <p>PCG WILL HAVE A CHECKLIST OF ALL REQUIREMENTS NEEDED BY UOG AND NEEDS TO BE COMPLETED BEFORE ORIENTATION AND HAVING CONTACT WITH RESIDENTS AT THE CARE HOME.</p>	<p>3/3/20 12</p> <p>3/3/20 10</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b>FINDINGS</b> Resident #1 – Progress Notes do not include resident's response to medication, treatment, diet, &amp; care plan.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>o PCG HAVE A LATE ENTRY ON RESIDENT'S RESPONSE TO MEDICATIONS, TREATMENT, DIET &amp; CARE PLAN. DOCUMENTATION WERE ADDED TO RESIDENT'S PROGRESS NOTES.</p>	<p>12/5/19</p> <p>JD</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b> Fire drills were not conducted at various times of the day or night. Fire drills were conducted primarily in the morning between the hours of 9:15am and 11:30am.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>• PGs CONDUCTED FIVE DRILLS ON DIFFERENT TIMES OF THE DAY, DRILLS MORNING, AFTERNOON AND EVENING.</p>	<p>12/5/19</p> <p>✓</p> <p>90-10 1-033 61.</p>

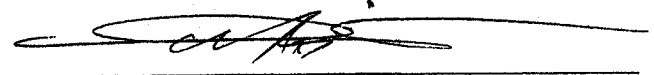
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<input checked="checked" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> No electronic signaling system. The PCG and resident's do not reside on the same level.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>• ELECTRONIC SIGNALING DEVICE WAS INSTALLED.</p>	<p>12/5/19 R</p>
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Licensee's/Administrator's Signature: \_\_\_\_\_



Print Name: \_\_\_\_\_

~~RAFAEL~~ M. ANTONIO

Date: \_\_\_\_\_

12/8/19

Licensee's/Administrator's Signature: \_\_\_\_\_



Print Name: \_\_\_\_\_

~~RAFAEL~~ M. ANTONIO

Date: \_\_\_\_\_

3/3/20

JOHN M. GIBBS  
FEB 11 2020

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